05495

CERTIFICATE OF DEATH 5522

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Cec:	1		MA	RYLAND	2. USUAL RESIDE		re decease	d lived. If institu b. COUNT		dence before	re odmiss	ion)
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limi	ts, write	c. LENGTH OF STA		c. CITY OR 1			orole limits, write	RURAL on	of give nea	rest town	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, q	ive street	address)		d. STREET A	DDRESS					o. IS RES	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fii C	arro]	L1 C.		gard		4. DATE OF DEATH		onth ay	700	Y	Yeor 59
Male Male	6. COLOR OR RACE	7. MARR	_	RIED	B. DATE OF BIRTI		83	9. AGE (In year	Month	ER 1 YEAR Days		
00. USUAL OCCUPATION during most of work R.R. T1	ing life, even if retired	1	et 9 year			Mary1a	nd	ountry)	12.	USA	F WHAT	COUNTRY
Valenti S. WAS DECEASED EVE		gard	SOCIAL SECURITY N	10 117 1	INFORMANT	Mary	Jone		ldress			
	If yes, give war or dates of s		SOCIAL SECURITY P		Bdna Mae	Algar	d Cha			ry1ar	nd	
Conditions, if or gove rise to it couse (a), stoting lying couse last.	the under-)									Ĵ	
PART II. OTH	ER SIGNIFICANT CON	DITIONS	STATE TO I	PMC	NOT RELATED TO	THE TERMIN	Ne AL	E CONDITION C	OD T	2RT 1(0) 1	PERFO YES [RMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. Enter nature o	f injury in Po	ort I or Por	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. II While at wor	NJURY OCCURRED Not while	20e. PL fo	ACE OF INJURY (Home, form, a bldg., etc.)	20f. (City	or town)		(County)		(Stole)
21. I certify the alive an actual signature	at I attended the	deceas , 19	59, and the	recor		930	M, fran	n the causes treet, city or tay	and an		te state	
NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO)F	22c. NAME OF CE	METERY C		2		TION (City, town			(Stot	
23. FUNERIO DIRECTOR	0 0	uf	ADDRESS		estown	24a. REC'D	BY REGIST	1es town 1RAR 24b. REC 59	GISTRAR'S	SIGNATUR	RE	4.1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4, O FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be of the defect use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shi the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. may be retained by 1

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within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5524 CERTIFICATE OF DEATH 05497

						_		Reg. Dist.	. No. 90	0
PLACE OF DEATH O. COUNTY	Cecil		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE District	of C	olumbia	ion: Residence	before admi	ission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits,	write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside carpa	rote limits, write I	RURAL ond giv	re nearest ta	wn)
Perry			77 2		Washing	ton		UMX	3	
d. NAME OF HOSP	ITAL (If nat in haspital, give	street a	ddress)		d. STREET ADDRESS			7-17		ESIDENCE
OR INSTITUTION	terans Adm.	Hos	pital		1335 Co	rcora	n St. N.	.W.		A FARM?
3. NAME OF DECEASED (Type or print)	VERNO	N	Middle H •		BELL	4. DATE OF DEATH	Ma		Day 24	Year 19 59
5. SEX	6. COLOR OR RACE 7.	MARRI	ED NEVER MARRI	ED B	DATE OF BIRTH		9. AGE (In years			-
Male	Negro w	IDOWE	D DIVORCE		March 17, 1	905	54 yrs.		lays Hours	s Min.
during most of wo	ION (Give kind af wark don orking life, even if retired)		bile Equi		+		auntry)		EN OF WHAT	COUNTRY
Check 13. FATHER'S NAME	er		way Dept.	_	Maryla:			US.	A	
TO THE STATE										
15. WAS DECEASED EV	Martin Be	ell 52 16 S	OCIAL SECURITY NO	IN	Carrie I.	watt		fress		
(Yes, no, or unknown)	(If yes, give war or dates of service	cej				,				17.2
Yes	WW II		7 26 0695		spital Reco	ras,	VAH, Pe:	rry Po		
	EATH [Enter only one couse EATH WAS CAUSED BY:			,					ONSET AN	D DEATH
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100.1					celia axis	about	the par	ncreas	4000	
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couse (o), stoting	the under- DUE TO								(343)	
Z lying couse lost		IONE CO	SHITDIBUTING TO BE	ATAL BUIT A	OT DELATED TO THETERAL	NAL DISTAS	F COLUMNITION OF	V52 1 12 1 D 1 D 7	1 120 14/4/	AUTORO
PART II. OT	THER SIGNIFICANT CONDIT	IONS CC	DNIKIBUTING TO DE	AIH BUI I	OI RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	PARI 1	PERF	ORMED?
	AS UNDERLYING 201 G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESC	RIBE HOW INJURY O	CCURRED	(Enter noture of injury in P	Port I or Por	t It of item 18.)			
20c. TIME OF INJU			JURY OCCURRED	20e. PLA	E OF INJURY (Home, farm, ory, street, office bldg., etc.	, 20f. (City	or town)	(Co	unty)	(State
Hour o.m.	10	While of wark	Nat while ot work	1001	ory, street, office bldg., etc.					
21. I certify t	hat Kattended the de	ecease	d from May	13	, 19.59 , ta_ M	av 24	10 50	Juny van	SESESTMAN	WXXXXX
	XXXXXXXXXXX									
			eagle, and mar	dedili			treet, city or town,			ATE SIGNE
ACTUAL SIGNATURE	MA	7			.b. V.A.Hospi	tel P	erry Po	int M	a 5_	25-59
	A STATE OF THE STA				.b. III MINOSPI	VOLT 1	E + 4 7 - + 76	PHT A D TH	W	5J=J)
PHYSICIAN'S NAME (Type)	17,000	CARI	TY 1		-Clinical	Poth	alamiet			
	ON, 226. DATE THEREOF		22c. NAME OF CEM	ETERY OR			TION (City, town,			ote)
AEMOVAL (Specify	25/26/	590			National			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
23. FUNERAL DIRECTOR	R'S SIGNATURE	/	ADDRESS			BY REGIST		ISTRAR'S SIGN	11 L CV	
Pennin	gton & Son.	Ha	vre de Cr	2000		2 8 '5		clum S. M	rape	

81 BONDS BUT BELLEVAN HOUSE THE COMPANY COMPANY 11.790.70 FOORTHE WAR CONTROL OF THE PROPERTY OF CASE AND ASSESSMENT ASSESSMENT OF THE PARTY Mile Mary Mary Mary Mary Mary 1903 51 m. White and monomina alidas The Court of the C Berne L. Berne Man and the control of the control o Hard and an association of the arrays isoface with the series the same and any same street a first of the same of th my 15 vet to make and fitter Control of the Contro ASSESSED AND SECOND SECTIONS OF THE PROPERTY OF THE SECOND for a decrease of the second s

Maryland

MARYLAND

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1. PLACE OF DEATH

Cecil

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

b. COUNTY Cecil

Page 4		irector,	ed with		1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		TO FUNERAL DIRECTOR After this certificate has been signed by the attending physicion and completely filled in by the freezon,	page 3 should be do led for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 show e filed with		
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L OR A	pined by	DIRECT	old be	prior 1	
SPITAL	moy be retained by the hospital ar attending physician.	NERAL	e 3 shar	the registrar priar ta burial, cremation, or remayal, and in any event within 72 hours after death.	
TO HC	moy	TO FU	bod	the r	

	-	Elk ton	corest town)		Life	2/ 1	Elkton						
65		NAME OF HOSPIT OR INSTITUTION Union Ho	AL (If not in hospital, o	give street o	oddress)	1 d. Si	TREET ADDRESS						FARM?
	3.	NAME OF DECEASED Type or print)	Fi Linda	rst	Middle Susan	D41.	lost	4. DATE OF DEATH	Moi Ma v		20	•	Yeor 19 59
	5. 5	EX	6. COLOR OR RACE		IED NEVER MARRIED	8. DATE C	OF BIRTH		9. AGE (In years last birthdoy)	_	R 1 YEAR	7	ER 24 HRS
		Pemale USUAL OCCUPATION during most of work	White N (Give kind of work king life, even if retired	done 10b.	DIVORCED KIND OF BUSINESS OR	- OUT	BIRTHPLACE (Stot		4 yrs.	12. C			COUNT
	13.	FATHER'S NAME					Maryla THER'S MAIDEN				U.	S.A.	•
	16		L. Bill			17, INFORMA		ide G.	Seymou				
	(Yes	no. or unknown)	[If yes, give wor or dates of	service)	SOCIAL SECURITY NO.			ade Bi	llings,		cton	, Mo	d.
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, C	horie L	Blome	nloz	regele	iti		INTI	ERVAL BE	TWEEN
		Conditions, if or gove rise to it coese (o), stating lying couse lost.	mmediate DUE TO	0)									
2	CATION	TO A LOS			ONTRIBUTING TO DEAT	TH BUT NOT RELA	ATED TO THE TER/	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED?
6	L CERTIF	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (Enter n	noture of injury in	n Port I or Port	t II of item 18.)				
	MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Day, Ye	While ot work	_ Not while _	PLACE OF IN foctory, street	JURY (Home, far et, office bldg., e	rm, 20f. (City	or town)		(County)		(Stote
		21. I certify the alive an 19	at I attended the	decease	ed fram.	, 1 death accurr	9, ta	A.M. fron	n the causes of	and an	last so	te state	decea ed abo
-		ACTUAL SIGNATURE	for 1.	18	words	M.D	2690	5.m	un S	trees	t_{-}	5/3	20/3
	22.		Clifton R		ooks		Her	work	Mel				
		REMOVAL (Specify)	May 22	/59	Cherry I		metery	Che	rry Hil			(Stote	*)
	23.	FUNERAL DIRECTOR	SSIGNATURE	A	ADDRESS		04 054	CO BY REGIST	RAR 24b. REGI	CTDAD'S C	ICNIATIE	PF	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTICICATE OF DEATH

		5	525	CERTIFIC	ATE OF D	EATH		Reg. Dist. N	15499
1.	PLACE OF DEATH a. COUNTY Ceci	1		MARYLAND	2. USUAL RESIDE o. STATE Mary		ed lived. If institution: b. COUNTY Ce		
	b. CITY OR TOWN (If autsic RURAL and give nearest to	de carporate limit	s, write c. l	LENGTH OF STAY IN 16			porate limits, write RUR	AL and give no	earest town)
-	Nottingham d. NAME OF HOSPITAL (IF OR INSTITUTION Graybeal N	RD 1		10 yrs	d. STREET AD	vville DRESS			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First		Middle	LACKSON	4. DATE OF DEAT	Manth H 5		Pay Year 19 50
5.	SEX 6. CC	THE PARTY OF		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years IF	UNDER 1 YEA	R IF UNDER 24 HRS
	M	W	WIDOWED [DIVORCED	June	1876	last birthday) A	Manths Days	Hours Min.
10	a. USUAL OCCUPATION (Girduring most of working life		one 10b. KINI	D OF BUSINESS OR IND	USTRY 11. BIRTHPLA	CE (State or foreign	country)	12. CITIZEN C	F WHAT COUNTRY?
	Laborer	o, even ii remedj	EA	l kinds wor	k Per	rryville.	Md.	US	A.
13	FATHER'S NAME				14. MOTHER'S N	MAIDEN NAME			
	AARON		BLACKS	OII	MARY	MAHAN			
	WAS DECEASED EVER IN U	. S. ARMED FORC		IAL SECURITY NO.	INFORMANT		Address	S	
	no		218-	18-1975				100	
	18. CAUSE OF DEATH [E	nter anly ane cau	se per line fa	r (a), (b), and (c).]					TERVAL BETWEEN
	PART I. DEATH WA	AS CAUSED BY: DIATE CAUSE (o)	Ch	ronic Myoca	rditis			0.1	SEI AND DEATH
	422.1	DUE TO							
	Conditions, if any, wh	hich) (b)		Ateriosc	amenn.			1 1	
	gove rise to immed	i ate	13.00	25 002 2000					
	lying cause last.	der-							
CATION	PART II. OTHER SIG	GNIFICANT COND	ITIONS CONT	FRIBUTING TO DEATH BL	IT NOT RELATED TO T	HETERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING [] :	20b. DESCRIBE	HOW INJURY OCCUR	ED. (Enter nature of i	injury in Part I ar Pa	art II of item 18.)		14 74
MEDICAL	20c. TIME OF INJURY Ma Haur a. m. p. m.	inth, Day, Year	20d. INJUR While at work		PLACE OF INJURY (Ho actory, street, office b		ity or tawn)	(County	(State
	21. I certify that I delive an			fram May 1st					
	1	001					(Street, city or town, sto		DATE SIGNED
	ACTUAL SIGNATURE	Ken	Ya	allo	M.D.	Rising S	un. Wa		5-0-50
	PHYSICIAN'S NAME (Type)	R.C.Dods	son		7		CALL - M.C		
22		b. DATE THEREO	22	c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, town, or	county)	(Stote)
	REMOVAL (Specify)	5-11-50	1	rincipios		р	minorinia F	uryace	Md.
23	FUNERAL DIRECTOR'S SIGN	NATURE	1	ADDRESS	2 12	24a. REC'D BY REGI	STRAR 246. REGISTI	RAR'S SIGNATU	JRE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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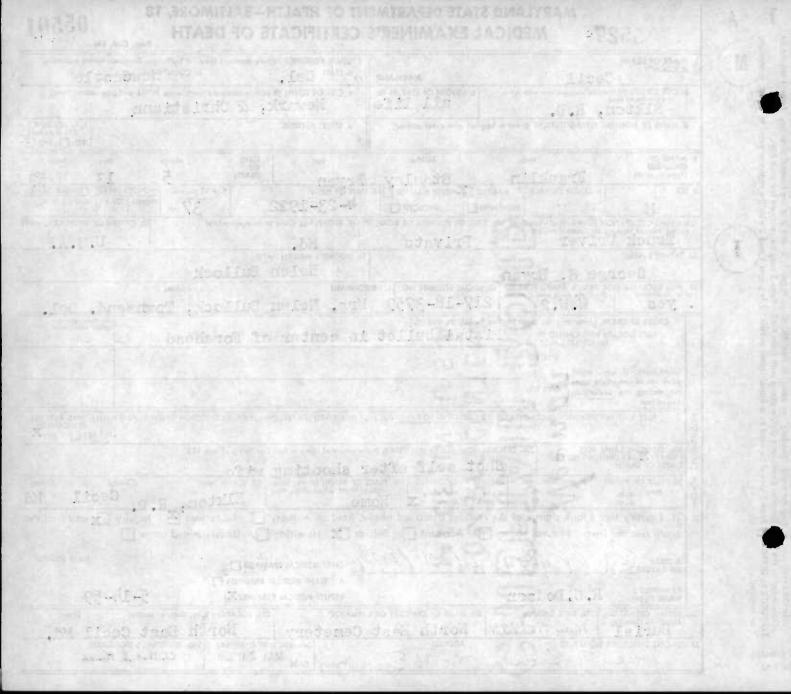
Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. COUNTY PISTATE Del b. COUNTNewCastle Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton. all life Newark, & Christiana R.D. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 YES NO F NAME OF First Middle 4. DATE Month Lost Day Year DECEASED (Type or print) DEATH Franklin Stanley 19 5. SEX 7. MARRIED TANEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS FUNDER TYEAR Months Hours Min. Days WIDOWED [DIVORCED | YIS. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Fruck Driver Private U.S.A. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Bullock George S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes Mrs. Helen Bullock, Townsend, Del 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Pistal bullet in center of Forehead I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to Immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED2 YES T NO. 20g. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) CAUSE OF DEATH. Shot self after shooting wife 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while Elkton Ceci 1 Md p. m. of work of work Home 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection 29, Inquiry 3r and find that death resulted fram: Natural causes , Accident . Suicide T Hamicide T. Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** R.C.Dodson 5-14-59 NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial May 17, 1959 North East Cemetery North 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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DEPUTY MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		5529	CERTIFIC	ATE OF DEATI	Н	Re	g. Dist. No.	0000
1. PLACE OF DEATH o. COUNTY Cec	eil		MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. b.		Residence before	odmission)
B. CITY OR TOWN (RURAL ond give n	If outside corporate limit earest jown) SILTON	ts, write c. LENGT	H OF STAY IN 16	X c. CITY OR TOWN (IF Rural Cecil		ls, write RURAL	L ond give near	est town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street address)		d. STREET ADDRESS			0.	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CHARLES	st	Middle HENRY	BYERLY Jr.	4. DATE OF DEATH	Manth May	10,	Year 59
5. SEX Male	6. COLOR OR RACE White	WIDOWED [DIVORCED [8. DATE OF BIRTH March, 27, 1889			INDER 1 YEAR I	
10a. USUAL OCCUPATION of war for ist	ON (Give kind of work of king life, even if retired)	floris		Philadely		1	U.S.A.	
13. FATHER'S NAME Charles He	enry Byerly	,I		14. MOTHER'S MAIDEN I				
15. WAS DECEASED EVE [Yes, no. or unknown)	R IN U. S. ARMED FORG	16. SOCIAL SE 197-12-		nformant rs. Anna Byerl	ly,	Address Cecilt	on, Md.	
PART 1. DE/ /8/. O Conditions, if a gove rise to i couse (a), stoling lying cause last.	the under-	Gastro- Metasta	-intest <u>on</u> atic urin	al hemorrhage ary bladder ca			ONSE	val BETWEEN T AND DEATH 2 days years
3	senility	DITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN II		WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW	/ INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of ite	m 1B.)		
20c. TIME OF INJUING Hour a. jr. p. m.	Y Month, Day, Yea	While Not work at work	vhile fo	ACE OF INJURY IHome, farm ctary, street, office bldg., etc	20f. (City or town)	(County)	(Stol
actual signature	at I attended the y 10	Phens	May 1951	occurred at 8:00a	ADDRESS (Street, city	auses and	an the date	the decedes stated about the state of the st
NAME (Type)	llace Obens	shain M.D.						

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4

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ADDRESS

	550	L CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH	ecil	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If institute b. COUNT	vion Residence before odmission) Y New Castle
b. CITY OR TOWN (I	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	atside corporate limits, write	RURAL and give nearest town)
Elkton	arest town)	2 dave	Newark		46 x 3
d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospital, give street Union Hospi		d. STREET ADDRESS 5 Phillips	s Ave.	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	Harry 1	Middle F.Cavender	Last	4. DATE OF May 1	5,1959 Doy Year
5. SEX Male	6. COLOR OR RACE 7. MAR WIDOW		s. DATE OF BIRTH Sept. 17, 188		rs IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Farmer	DN (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote of Delaws	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Josep	h Cavender		Sadie 1		
	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		INFORMANT [rs.Florence	5 Phila M. Cavender	
Conditions, if a gove rise to i coese (o), stoting lying couse lost.	my, which by (b) (b) (c) (c)	Rupt ure Cholelit	hiasis + C	holecys	titis un know
PART II. OTI	HER SIGNIFICANT CONDITIONS	GEN AY	T NOT RELATED TO THE TERMIN	CLOSIS	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING	AS UNDERLYING TO 20b. DES	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJUR Hour o. m. p. m.	While	1.	LACE OF INJURY (Home, farm, poctory, street, office bldg., etc.)		(County) (State)
21. I certify the alive on	nat I attended the decear 5-fy		h occurred at 605 A	. 195	That I last saw the decease and an the date stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	lillithad 1	Lopes	New		el
22a. BURIAL, CREMATIC	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. ŁOCATION (City, town	, or county) (State)
Burial (Specify)	May 18.195	9 Bethel Cem		Bethel W	18

240. REC'D BY REGISTRAR

DATE MAY 1 9 '59

24b. REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH

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Obesity & Gen Arteriosaleiosis

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 5530

05505 Reg. Dist. No.

	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	nere deceased lived.		
	Cecil	MARYLAND	d. STAHATYlan	id-	. county .Ceci	1
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) Perry Point	c. LENGTH OF STAY IN 16	C. CITY OR TOWN IIF O	iutside corporate lin	nits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Veterans Administratio	(/	d. STREET ADDRESS	0 2	47x -3	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) JOHN	Middle	CLARK	4. DATE OF DEATH	Month 5	26- 1959
	Male 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH 6-17-1900		E (In years IF UNDE birthdoy) Manths	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
100	u. USUAL OCCUPATION (Give kind af work done during most af working life, even if retired) Unknown	Mulenowy	STRY 11. BIRTHPLACE (State	ar foreign cauntry)	12.CI	USA
13.	FATHER'S NAME Michael Gilligen (Dec.)	14. MOTHER'S MAIDEN N	h Clark	(Dec.)	
(Ye	t no or unknown) . Iff was nive was as date of services		ospital Reco	rds, VAH	Address Perry P	Point, Md.
	PART I. DEATH (Enter anly one cause per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO	ne for (o), (b), and (c).] NCHOPNEUMONIA	, BILATERAL,	UNRESOI	VED.	ONSET AND DEATH
	Canditions, if any, which) (b) CAR		,		ECTOMY,	Unknown
	cause (a), stating the <u>under-</u> lying couse last.	H EROSION INT	O THE LEFT C	AROTID V	ESSEL	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	nal disease con	DITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO
	200. ACCIDENT WAS UNDERLYING DOBO DESIGNATION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in I	Port I ar Part II af i	tem 1B.)	
MEDICAL	Haur a. m. While		ACE OF INJURY (Hame, form ctary, street, office bldg., etc.		vn)	(Caunty) (Stote)

21. I certify that ottended the deceased from 8-31-34

XXXXXXX and that death accurred at 5:30PM, fram the causes and on the dote stated above. ADDRESS (Street, city ar tawn, state)

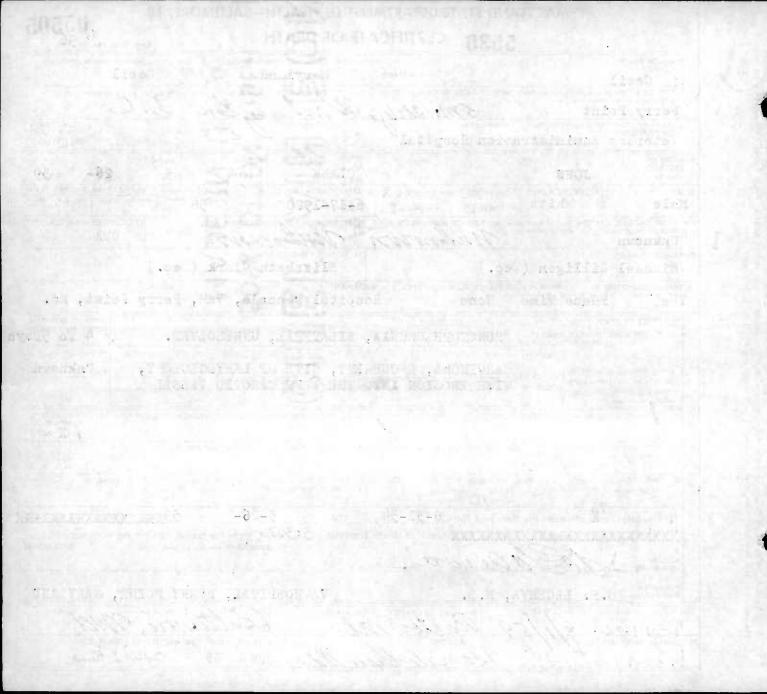
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

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may be retained by TO FUNERAL DIRECT page 3 shauld be VS A15 (4) 15M 9/5B





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

05508

			2112							R	eg. Dist	No.		
	PLACE OF DEATH o. COUNTY	Cecil		MAR	YLAND	2. USUAL RESIDEN	VCE (Wh	ere deceased	lived. If instit b. COUN	ution: TY	Residence Ce ci	0.00	dmissio	on)
	b. CITY OR TOWN (RURAL and give n		nits, write	c. LENGTH OF STATE	Y IN 1b	c. CITY OR TOV	WN (IF o		ote limits, write	e RURA	AL ond gi	ve nearest	town)	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, Union Hos				d. STREET ADD		1480 n Hos	5. Ma	are a	st.		RESID	PENCE ARM? NO
	NAME OF DECEASED (Type or print)	JO	irst A	NIV /	le	Dun'/A	P	4. DATE OF DEATH		Nonth		Day		59
S.	F.	6. COLOR OR RACE	7. MARE	RIED NEVER MARR			1959		P. AGE (In year lost birthday			YEAR IF L	JNDER	24 HRS. Min.
100	during most of wor	ON (Give kind of work king life, even if retire	done 10b. d)	KIND OF BUSINESS	OR INDUS	Maryl Maryl	-	or foreign cou	untry)		12. CITI2	U.S		
3.	FATHER'S NAME	Carroll I	4. Du	ınlap		14. MOTHER'S MA		ne Sir	npers					
25. Ye	WAS DECEASED EVE	R IN U. S. ARMED FC (If yes, give wor or dates of	RCES? 16.	SOCIAL SECURITY NO	O. 17. II	Father			- 10	ddress		d.		
	PART I. DEA	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ne for (g), (b), and (c	nat	rents	_					INTERVA		
	Conditions, if a gove rise to i cass (o), stating	mmediate (ы ()	Possible	B	rlung	0	Tres	la			70	la	7
CATION	lying couse lost. PART II. OT	HER SIGNIFICANT CO	C)	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	1E TERMII	NAL DISEASE	CONDITION	SIVEN	IN PART	P	ERFOR	JTOPSY MED? NOA-T
L CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE). (Enter nature of in	ijury in P	ort 1 or Port	II of item 1B.)					
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	Y Month, Day, Y	While of wor	NJURY OCCURRED Not while t of work	20e. PLA foc	CE OF INJURY (Hon tory, street, office bl	ne, farm, dg., etc.	20f. (City o	or town)		(Co	ounty)		(Stote)
	21. I certify the alive on	George J	19.5	ren f	mo-	4, 19.57_, accurred at 2		_M, fram	the causes	and	on the	ast saw e date s	the distated	leceased d abave E SIGNEI
220	BURIAL, CREMATIC	N, 22b. DATE THERE		22c. NAME OF CEA		crematory or Memor	ial		ON (City, town			7	(Stote)	
23. P	FUNERAL DIRECTOR	'S SIGNATURE NERAL HO	ME Do	ADDRESS	Elk	ton Mc	la. REC'E	8Y REGISTR		GISTRA	AR'S SIGN			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05509

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY	Cecil		MARYLA	ND	o. STATE Marm	CE (Where dece vland	ased lived. If Instit b. COUN	TV -	dence be	fore odm	ission)
	If outside corporate limits, write	RURAL	LENGTH OF STAY IN	16			prporote limits, write			earest to	wn)
and give nearest tow Perry			all life		× Perryv						
	TAL OR INSTITUTION (If not in hospite	ol, give street oddress)		d. STREET ADDRE	SS		- 300			ESIDENCE A FARM?
Aiken	Ave				Ailen	Ave] NO []
3. NAME OF DECEASED	Fin	st	Middle		Last	4. DATE	Mont	th	Day	1	fear
(Type or print)	Edith		C		Edwards	DEATH	2		7	1	9 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. I	DATE OF BIRTH		9. AGE (In years lost birthday)	-	R TYEAR		ER 24 HRS.
F	W	WIDOWED	DIVORCED [1	2-20-1899		59 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retired)	done 10b. KIN	D OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (S	State or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
Housewi					Perryvi	lle M	d.		US	A.	
13. FATHER'S NAME				170	4. MOTHER'S MAID	EN NAME					
John	Ward				Marr C	hamberl	ein				
	VER IN U. S. ARMED FO		CIAL SECURITY NO.	17. INF	ORMANT		Addres	\$			
no no. or unknown	(If yes, give war or dates of		-30-567L		Nancy Edw	arde. P	errurille	- Ma			
18. CAUSE OF DE	ATH [Enter only one cau	se per line for	(o), (b), ond (c),]		ACCEPTAGE TO THE	Charles A		- 111.4	INTE	RYAL BETWEET AND DE	
Conditions, if gove rise to imme (o), stoting the course lost.	underlying DUE TO		cute Corons	ney.	Occlusion						
) (c) THER SIGNIFICANT CON		TRIBUTING TO DEATH I	BUT NO	OT RELATED TO THE T	ERMINALDISE/	ASE CONDITION GI	VEN IN PA		9. WAS PERFO YES	AUTOPSY DRMED? NO 🛣
20g. EXTERNAL CAPRIMARY OF CO	ONTRIBUTING 1	b. DESCRIBE H	IOW INJURY OCCURRE	ED. (Enl	er noture of injury in	Port I or Port	II of item 18.)				
20c. TIME OF INJE Hour e. m. p. m.		20d. INJ While of work	Not while		OF INJURY (Home, y, street, office bldg.		ity or town)	(C	ounty)		(Stote)
21. I certify t	hot I took chorge	of the rea	moins described	obov	e, held an Aut	opsy 🔲,	Inspection 🔄	, Inqu	iry 🚾	, ond	find tho
deoth resulte	A Roturol	causes 🐼	Accident [],	Suici 2	1	cide [],		couse [].	DATE	SIGNED
EXAMINER'S NAME (Type)	R.C.Dods	on				EDICAL EXAMINER		5-8-	-59	HE	
220. BURIAL, CREMATI REMOVAL (Specif Burial	ON, 226. DATE THEREO		Principi		REMATORY Cemeter	0.000	ncipio			Md.	
23. FUNERAL DIRECTO		lone,	ADDRESS Perryvi	116		REC'D BY REGI		istrar's s		-	

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF BEAUTH-BALTIMORE/18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5507 CERTIFICATE OF DEATH

	Dist.	Na	U	O	5	1	1
SI •	DIST.	INO.					

1.	PLACE OF DEATH o. COUNTY	CE	CIET.		MARYLANI	- 11	USUAL RESID	Md.	ere deceosed	b. COUNT		co before o	odmission)
	b. CITY OR TOWN (If	outside corporate limi	ls, write	c. LENGTH	OF STAY IN 1	ь	c. CITY OR T	OWN (If o	utside corpo	rote limits, write	RURAL ond	give nearest	t town)
	E	IKTON		10	Days	X	Chesa	apeak	ce Ci	ty			
	d. NAME OF HOSPITA OR INSTITUTION		ive street SPII				d. STREET A	DDRESS				e. I	S RESIDENCE ON A FARM? ES NO
	NAME OF DECEASED (Type or print) Th	Fir OMAS	_	eroy	Middle		Lost	rd	4. DATE OF DEATH	May		Doy	Yeor 19 59
	Male	White	WIDOW	ED 🗌	ER MARRIED TO	7/		388		9. AGE (In years lost birthday) yrs	Months		UNDER 24 HRS. ours Min.
100	Store-ke	ng life, even if refired	lone 10b.	Sales		DUSTRY	2.5	ACE (Stole or ylar)	-	ountry)		U.S.	VHAT COUNTRY?
13.	FATHER'S NAME					14	MOTHER'S	MAIDEN N	AME				
	Thom	as J. For	ard				Eva	a Cun	ming	S			
1\$. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SEC	URITY NO. 17	INFO	MANT		++ ==		iress		
L	No			None	e l	irs.	Myrt	tle V	. Fo	ard Ch	nes.	City.	Md.
AL CERTIFICATION	PART I. DEAT Conditions, if on gove rise to im couse (o), stoting it lying couse lost. PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	DUE TO CER SIGNIFICANT CON UNDERLYING D CAUSE OF DEATH AEDICAL EXAMINER)	DITIONS O	CONTRIBUTION CRIBE HOW	NG TO DEATH B	RED. (Er	RELATED TO	THE TERMIN	ort I or Port	CONDITION GI	VEN IN PAR	ONSES	AL BETWEEN AND DEATH MOS 3 4 CONS VAS AUTOPSY ERFORMED? S NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	r 20d. I While of wor	NJURY OCCU	hile	PLACE (foctory,	OF INJURY (H street, affice	lome, farm, bldg., etc.)	20f. (City	er fown)	{(County)	(Stote)
L	ACTUAL SIGNATURE (V) PHYSICIAN'S WA NAME (Type) WA BURIAL CREMATION TREMOYAL (Specify)	5/14/19	Oh ensh	ain 22c. NAME Bet	e of CEMETERY	M.D.	MATORY	405p	22d. LOCATI	the causes of th	or county)	City.	DATE SIGNED 2 May S (Stote)
23.	FUNERAL DIRECTOR'S	SIGNATURE	0	ADDRE				24a. REC'D	BY REGISTE		STRAR'S SIG		
	PIPPIN FU	NERAL HO	Æ.	mald Mr.	TWE1kt	ton.	Md.	DATE MA	Y 1 4 '5	9 0	rthun S	Kraus	

CERTIFICATE OF DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5508 CERTIFICATE OF DEATH

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			000	G CERI	IFICA	AIL	OFD	EAIL				Reg. Di	st. No		0-1
1.	PLACE OF DEATH a. COUNTY	:11		MAI	RYLAND	2. 0	USUAL RESIDE	Id.	ere decease		institutio	on: Residen	_	re admi:	ision)
	b. CITY OR TOWN (RURAL ond give no	If outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	11.	c. CITY OR TO	WN (If o		rate limits	, write R	URAL and	give ned	rest tow	n)
-	Elkton	TAL (If not in hospital, g		11		X Rural Earleville									
	OR INSTITUTION Union Hos		jive street	oddress)		d. STREET ADDRESS e. IS RESIDENC ON A FARM								SIDENCE A FARM?	
3.	NAME OF	Fir	st	Midd	le		Lost		4. DATE		Man	41.	-		Yeor
	DECEASED (Type or print)	HOWARD					GREEN		OF DEATH	7	lav	m	13,	•	1959
5.	SEX	6. COLOR OR RACE		RIED T NEVER MAR	RIFD 🖅		TE OF BIRTH			9. AGE (IF UNDER	-	_	DER 24 HRS.
	Male	White	WIDOWI	ED DIVORO	ED 🔲	M	ay.13.	1980		79	rthday) yrs.	Manths	Days	Hours	
10	during most of work	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY	11. BIRTHPLA	CE (State o	ar fareign co	ountry)		12. CIT	IZEN O	F WHA	TCOUNTRY
	Farming		1	Farm			Md.					Ţ	J.S.	A.	
13.	FATHER'S NAME					14.	MOTHER'S M	AAIDEN N	AME		1000				
	John Green						Mollie	e Smi	th	92					
15. (Y		R IN U. S. ARMED FOR		SOCIAL SECURITY N	0. 17.	INFOR	MANT	1000	Enh	T-T-	Addr	ess	- 10		
			2:	13-26-6403	A M	rs.	Mary E.	Husf	elt,		Ear	rlevil	lle,	Mo	d.
	18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne far (a), (b), and (a	}.]								INTE	RVAL B	ETWEEN
	PART I. DEA	TH WAS CAUSED BY:	, (erebro-vas	scula	ra	acciden	t.					ONS		DEATH
	331x	DUE TO											-	-/ 22	oars
	Conditions, if a	mar aublish V	00	rebral ar	terio	scl	erosis						v	ears	
H	gove rise to i	mmediate (J		
М	lying cause last.	me under-											1		
Z		TER SIGNIFICANT CON		ONTRIBUTING TO D	EATH BUT	TON	RELATED TO T	HE TERMIN	VAL DISEASE	E CONDIT	ION GIV	EN IN PAP	1/0/1	o was	AUTOPSV
CERTIFICATION												EIV II V V AK	1(0)	PERFO	ORMED?
	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Ent	ter nature of i	njury in P	art I ar Part	II of item	18.)				
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. IN	NJURY OCCURRED	20e. PL	ACE O	F INJURY (He	me, farm,	20f. (City	ar town)		(0	ounty)		(State)
MED	Hour o. 51. p. m.	19	While at worl	Nat while	fo	clory,	street, affice b	oldg., etc.)				3.73	- "		
	21. I certify th	at I attended the	decease	ed from 13	May		. 19 59	to 13	3 May		10 59	that I I	art ra	w the	deceased
	alive on 13	May	. 19	59 and the	t death	000	urred at 4	. 200							ed above
		. 0		1 , , , ,	ii dediii	. 000	oned at		DORESS (SH				ie dai		ATE SIGNE
	ACTUAL SIGNATURE	allace	0	Jenshau	N	M.D.	Ceci	lton			. 10,			9/	Lay 59
	PHYSICIAN'S NAME (Type)	allace Ober	nshai	n M.D.											*****
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEA	AETERY O	R CRE	MATORY		22d. LOCAT	ION (City	town, o	r county)		(Stat	le)
F	REMOVAL (Specify)	May 17,1	959	Sudlersv					Sudle			,,		Md.	
23.	FUNERAL DIRECTOR	SSIGNATURE	C.	ADDRESS	1	مره	1 /2		BY REGIST			TRAR'S SIG	NATUR		
6	durend	Tel low	1,11	ullengt	120 11	14			Y 2 0 'S		a	thun S.	the	44	

VS A15 (4) 15M 9/55

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, please exe-	4 should be		il, cremation,	(
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please exe-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	forwarded to the Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.	TO FUNERAL DIRECT. Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to Enal, cremation,	or removal.
-			-	

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Page 4 should be		cramotion
Page 4		
director.	iles.	r prior to
ive Pages 1, 2, and 3 to the funeral director. P.	Page 5 may be retained far your files.	File poores I and 2 with the registrar prior of
and 3 to	e retaine	nd 2 with
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5509

Reg.			n	5	5	1	2
Reg.	Dist.	No.	()	U	U	7	U

	o. COUNTY Cecil MARYLA						2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) o. STATE V b. COUNTY							
b. CITY O	R TOWN (If o	utside corporate lin	nits, write RURAL	L C.	LENGTH OF	STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
end giv	re negrest town)	lkton			1 Hr	•	New York 69x-3							
d. NAME	OF HOSPITAL	L OR INSTITUT	tON (If not i	in hospita			d. STREET ADDRESS e. IS RESIDENCE							
	D.(O.A.	Union	Но	spital			Sulli	van	St.				A FARM?
3. NAME OF	*		First		Midd		1	ost	4. DATE		Agnth	Doy	- Y	ear FO
(Type or p		KIT	TY		HO	DLLAN		OF DEATH					1	9 29
5. SEX		6. COLOR OR	RACE 7. M	ARRIED E	NEVER MA	ARRIED 8	DATE OF BI	RTH		9. AGE (In year lost birthday)		ER TYEAR		ER 24 HRS.
I	7.	Wh	itewio	OWED [DIVOR	CED	lug.	190	00	58	yrs. Months	Days	Hours	Min.
100. USUAL	OCCUPATION	(Give kind of life, even if re	work done 1	10b. KIND	OF BUSINES	S OR INDUST	RY 11. BIRTH	PLACE (Stote	or foreign c	ountry)	12. 0	ITIZEN C	F WHAT	COUNTRY?
	se Wii		11100)	at	Home		Lor	don.	Engla	and		U.S	.A.	
13. FATHER'S	S NAME							'S MAIDEN N						
	Harri	is Mar	cus				F	annie	Mai	rcus				
15. WAS DE		IN U. S. ARM		16. SOC	IAL SECURITY	NO. 17. I	NFORMANT				ressKerl	noun	ksor	1.
No		ir you, give was or	outes or service)	1	None	M	s. Ev	relvn	Green	hurg	1	J.Y.	11001	~ 7
18. CAU	SE OF DEATH	Enter only o	ine cause per						42.00	an was			RVAL BETWI	
P/	ART I. DEATH	WAS CAUSED	SF (a)		Aoute	Core	nary	000111	cion			ONS	ET AND DE	ATH
26	X		JE TO	19 6	ACUME		TIGT A	OCCLU	PTOIL	100				
	ions, If ony		(b)	Т	Habet	20								
	e to immedia		JE TO		71.400.0					-17.53				
couse I		derlying	(c)				93.11							
Z P	ART II. OTHE	R SIGNIFICAN		NS CONTR	RIBUTING TO	DEATH BUT N	OT RELATED	O THE TERMI	NAL DISEASI	E CONDITION	GIVEN IN P.	ART 1(a)	19. WAS	AUTOPSY
NAT.													YES T	RMED?
NO LEXT PRIMARY CAUSE O	ERNAL CAUS	E WAS	20b. DES	CRIBE HO	W INJURY O	CCURRED. (E	nter nature of	injury in Port	l or Port II	of item 18.)				
	OF DEATH.	RIBUTING												
1 2 1	E OF INJURY	Month, Do			RY OCCURRE		CE OF INJURY	(Home, form	20f. (City	or town)	(4	County)		(Stote)
WED Ho	p. m.		19	While of work [Not while of work		ory, street, off	ce biog., elc.,	1					
21. I c	ertify the	it I took ch	orge of t	he rem	ains descr	ibed abo	ve, held o	n Autopsy	y 🗖, Ir	spection	XI. Inqu	iry 🕱	ond :	find that
		rom: Nat					cide [],			ndetermine				
		0	10		-									
ACTUAL	TIPE //	Xl	114	00	In	UU	M D CHIEF	MEDICAL EX	AMINER [DATE S	GIGNED
	0						ASSIS	TANT MEDICA	AL EXAMINE	R 🔲	May	17.	10	959
NAME (. C. D	odson				DEPU	Y MEDICAL E	EXAMINER [3		177		
22a. BURIAL,	CREMATION	, 22b. DATE T	HEREOF	22c.	NAME OF CE	EMETERY OR	CREMATORY		22d. LOCAT	TION (City, Io	wn, or county)	(Stote	0)
Remov	AL (Specify)	5/17	/ 195	19	Wellw	rood (Cemete	ry	Pin	nelawr	1, N.	Y.		1995
23. FUNERAL		SIGNATURE	^		ADDRESS	-			BY REGIST		EGISTRAR'S	SIGNATU	RE	
PIPPIN	V FUNE	ERAT, H	OME L	nod!	2 LUFT	Lkton	Md.	DATE MA	AY 21 1	59	arthur	2 4	A	

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5522 CERTIFICATE OF DEATH

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			UU	00	منطا	12 01 02				Reg. D	ist. No		
1.	PLACE OF DEATH a. COUNTY	Ceci1		MARYI	LAND	2. USUAL RESIDENCE O. STATE Mary			d lived. If institut b. COUNTY		nce befo	ore admiss	ion)
	RURAL ond give ne	autside corporate limi arest town) orth East	ts, write	c. LENGTH OF STAY	- 15	c. CITY OR TOW	'N (If ou		orote limits, write l	URAL and	give ne	arest town	1)
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspitol, g	ive street	address)		d. STREET ADDR	ESS						IDENCE FARM? NO X
3.	NAME OF DECEASED (Type or print)	Fir Ta	mes	Middle G.	To	Last		4. DATE OF DEATH	May		Do	,	Yeor 19 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D DE 8	DATE OF BIRTH	-		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
	Male	white	WIDOW	DIVORCE		11-2-188			78 yrs.	Months	Days	Hours	Min.
100	during mast at work	ing life, even if refired	dane 10b.	KIND OF BUSINESS OF					ountry)	12. CI			COUNTRY
10	Gardi	ier		Veg. Rais	1ng		ryla				US	A	
13.	FATHER'S NAME Samuel	Tones				14. MOTHER'S MAI	4						
	WAS DECEASED EVER	Jones In U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	Bmma. FORMANT	FLI	CSL	Ado	ress			
	no or unknown) (If yes, give war or dates of s	ervice)	none		Mrs Ernes	t De	mond	Nort	h Bas	st.	Mary	land
	10000		use per lin	ne for (o), (b), and (c).]	-						INT	ERVAL BE	TWEFN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronar	4/	hrombesi	U				OIN	Attendo .	DEATH
	420.1	DUE TO	11	, /	1 1		2 ,		, n				
	Conditions, if ar		1/1	Derterine /	Poterio	siler tre Co	aidi	21/4160	lar Mise	110		15 y	cars
	gave rise to in cause (a), stating t		11			100						/	
	lying cause last.) (c)		19					17			
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT A	NOT RELATED TO THE	TERMIN	AL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o)	PERFO	AUTOPSY PRMED?
CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enter nature of inju	uty in Po	ort 1 or Por	t 11 of item 18.)				
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes			20e. PLAC	CE OF INJURY (Home	e, form,	20f. (City	y ar town)		(County)	n'il	(State)
MED	Haur o.m. p.m.	19	While of war	Not while			g., e.c.)			, Tag	-		-
	21. I certify the	at I attended the	decease	ed from	cy	194/e, to	0	26 11	Ly , 195	\mathbb{Z}_t that I	last s	aw the	deceased
	alive on2	A 1/44	, 12	27, and that	death (occurred at			n the causes		he do	te state	ed abave
	ACTUAL SIGNATURE	Kliens 1	4.11	lenter	м	n No.th	Ê	DDRESS (S	treet, city or town,	stote)	2	27/7	ATE SIGNED
	PHYSICIAN'S NAME (Type)	Klaus	11.	Huchma	19	.1),		7				/	7-3-1
220	BURIAL, CREMATION PEMOVAL (Specify)	May 29		22c. NAME OF CEME Methodi		CREMATORY		22d. LOCA	TION (City, town, th Bast,	or county)	Co	(State	
23	FUNERAL DIRECTOR'S		195	ADDRESS		la.	050:0	BY REGIST		STRAR'S SI	-		
	Joseph R	Grant Nort	h Ba	st, Marylan	d		TE W			ACTION !	0 2		

OF DEATH	SE CERTIFICATE	
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VS A15 (4) 1SM 9/5S

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Item I Fi	1mG24	DEPARIMENT	OF HEALTH—BALTIMORE,	10

L	5513 CERTIFIC	CATE OF DEATH	eg. Dist. No. U3516
	LACE OF DEATH COUNTY RAPPLAND	2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE d v 1/ a v d b. COUNTY	Residence befare admission)
1	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If oylside corparate limits, write RURA	L and give nearest town)
	NAME OF HOSPITAL (If not in haspital, give sveet address) OR INSTITUTION ELKTON Union Hospita	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. [IAME OF ECEASED (ype ar print) E 4 1 1 E	Kelley 4. DATE OF DEATH 5	Day Year 8 19 5
5. \$	F WIDOWED DIVORCED	5/7/1894 (5 yrs. M.	UNDER I YEAR IF UNDER 24 HRS. anths Days Hours Min.
_	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY
	Edward Jenkins	14. MOTHER'S MAIDEN NAME ATITIA CROWLE	- Y
	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address VIRGITIA WARTER	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4. 2. / DUE TO	otic cardiovascular disea	Se UNKANOWAH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO		
CERTIFICATION	Par II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Profound anemia, cause unde	or not related to the terminal disease condition given the termined; generalized art	IN PART 1(a) 19. WAS AUTOPSY hritis PERFORMED TO SYEE NOT
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II of item 18.)	
MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory, street, affice bldg., etc.)	(Caunty) (State)
	21. I certify that I attended the deceased from May 2 alive an May 7, 19 59, and that deal		on the date stated above.
	PHYSICIAN'S S. Ralph Andrews, Jr.	M.D. 233 E. Main Stree Hain Stree Elkton, Ma	
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 5/10/59 Wesley		
23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS		R'S SIGNATURE

	TE OF DEATH	CERTIFICA
		HILDREN CONTRACTOR OF THE PROPERTY OF THE PROP
		ATT IN CARDINAL AND THE COLUMN TO A
		Constitution of the second of
	(=1,005)	Burger James
and the American	\$5005481. BUILTIN	
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	PARTY BEAUTY CO.	
	ALTERNATION OF THE CASE	SEPARATE THE OWNER SHOWING THE WAY

Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause lost. CATION

n m

COUNTY

NAME OF

5. SEX

(Type or print)

No

200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month. Day, Year o. m.

20d. INJURY OCCURRED Not while of work of work

While

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

21. I certify that I attended the deceased from

and that death occurred at 1

1. that I last saw the deceased

M, fram the causes and an the date stated above.

SIGNATURE PHYSICIAN'S NAME (Type) Milford H. Sprecher.

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Gilpin Manor Memorial

Park

ADDRESS (Street, city or lown, stote)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ACTUAL

24a. REC'D BY REGISTRAR DATE UN

Elkton. 24b. REGISTRAR'S SIGNATURE Cirthun S. Kraus

220. BURIAL, CREMATION, 226. DATE THEREOF

15M 9/55

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A THE STATE STATE OF THE PARTY		ELEKAN DE
	Miller Polentin and The	
Marker H. startes Etteride, Md.		
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DATE MAY 2 0 '59

			OOT	U						Keg. D	ist. No.		
	PLACE OF DEATH o. COUNTY Cecil			MAR	YLAND	o. STATE		re deceased	lived. If Institution b. COUNTY	on Reside	nce befor	re admiss	ion)
-	b. CITY OR TOWN (IF	autolida anananta timb	le veite	c. LENGTH OF STAT		Maryl					1		
	RURAL and give ned	rest lown)	is, Write					-	rote limíts, write R	UKAL and	give neo	iresi towi	1)
	Elkton			2 days		X Ches	apeal	ke C:	lty				
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, g	ive street	address)		d. STREET AD	DRESS					e. IS RES	FARM?
	Uni	on Hospit				/							NO 🔯
3.	NAME OF DECEASED	Fire	st	Middl	•	Lost	-	4. DATE OF	Mon	th	Do		Yeor
	(Type or print)	I,		Day		ccauley		DEATH	Ma	У	12	2	19 59
5. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔲	8. DATE OF BIRTH			9. AGE (In years lost birthdoy)	Months		-	R 24 HRS.
	Male	White	WIDOWE	DIVORC	ED 🗌	March 1	6. 18	377	82 yrs.	Months	Days	Hours	Min.
0a	USUAL OCCUPATION	N (Give kind of work ong life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLA	CE (State or	foreign co	ountry)	12. CI			COUNTRY
	Agent			Insurance	9	Ma	ryla	nd			U.	S.A	•
3.	FATHER'S NAME					14. MOTHER'S A	AAIDEN NA	ME					
	James	T. McCau	lev			Unl	knowr	1					
	WAS DECEASED EVER			SOCIAL SECURITY NO	D. 17, II	NFORMANT			Add	ess			
110	No	f yes, give war or dates of so		17-03-55	19 1	avid R.	McCa	aule	y. Elkt	on	Md.		
-		H [Enter only one co				W V Z Z III	31700	- 410	,	022,		RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	1	Leuocarcin		of Color	11.11	West	Litaria			ET AND	
	1538	IMMEDIATE CAUSE (o	1774	ecque con con	02106	01 (0100	WIFE	1 100 -1	1116113		-	7-/	a year
	700.0	DUE TO										-	/
	Canditions, if on gave rise to im)								-		
	couse (o), stoting th					***************************************							
	lying couse last.) (c)										
o O	PART II. OTHE	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASI	CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY RMED?
3	SOUTH THE	the second	Ordenses				gg troit	3				YES [NO
TIF	200. ACCIDENT WAS	UNDERLYING	20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of i	injury in Pa	rt I or Pari	II of item 1B.)				
Ü	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)		~	-								
CAL	20c. TIME OF INJURY	Month, Day, Yea	or 20d. IN	NJURY OCCURRED	20e. PL	ACE OF INJURY (He	ome, form,	20f. (City	or town)		(County)		(State)
MED	Hour o.m. p.m.	19	While of worl	Not while	foc	ctory, street, office t	oldg., etc.)				manufil,		TOTAL PARTY OF THE
2		at I attended the	-	4	arcti	1955.	to /	2 Flas	, 19 5	that I	last so	w the	deceased
	alive on /2	May	10 5		t dooth	accurred at /		PAA 6					
	dilve oil	4.	, 17_2.	, and mu	deam	accorred at Z.			reet, city or town,		ne oo		ea abave. ATE SIGNED
	ACTUAL	KA 11	1 7			1	1.11	P	1 4	sidie)	-	15 89	120
	SIGNATURE	March 17	» FF			M.D	6 4	EASI	,			W//-	7-27
	PHYSICIAN'S NAME (Type)	KLAUS	14.	HUEBN	ER							/	/
220	BURIAL, CREMATION	, 226. DATE THEREO	F	22c. NAME OF CEA	AETERY O	R CREMATORY	2	22d. LOCAT	ION (City, town,	or county)		(Stot	(e)
I	Burial	5/15/5	9	Cherry	Hill	L Cemete	ry	Che	rry Hil	1, 1	Id.		
3.	FUNERAL DIRECTOR'S	SIGNATURE /	1	ADDRESS	100		24a. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S S	GNATUE	RE	

Elkton, Md.

TO FUNERAL DIRECT
page 3 should be d

the registrar prior to



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7.00			
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STATE OF STREET	Other Hazaria	. 180 Late	

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05519

5534 CERTIFICATE OF DEAT	5	534	CERTIFICATE O	F DEAT
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	000	***			Reg. Dist.	No.
PLACE OF DEATH a. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (W	/here deceased lived. If inst		
RURAL and give I	(If outside corporate limits, write nearest town) N. P. D. 3	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF X Elkton	outside corporate limits, wr	ite RURAL ond give	nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street I	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Nora First	Be M	endenhäll	4. DATE OF DEATH	Mogsh	Doy Year 27 19 59
5. SEX	W widow	ED DIVORCED	8. DATE OF BIRTH -1-5-1874		eors IF UNDER 1 YI oy) Months Do	EAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATI during most of wo House 13. FATHER'S NAME	ION (Give kind of work done rking life, even if retired)	KIND OF BUSINESS OR INDU Housewife	STRY 11. BIRTHPLACE (Stote	and		S A
	Joseph B. Yerl	kes	Mary H			
			NFORMANT S. James F.		Address rcroft.	Wil. Del
Conditions, if a gave rise to couse (o), stating lying couse last	immediate (b) the under-	Chronic Myoerscherosos	extr e me and			DNSET AND DEATH
20g. ACCIDENT W	/AS UNDERLYING ☐ 20b. DES G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)	PERFORMED? YES NO
Y 20c. TIME OF INJU Hour o. n. p. m.	RY Month, Day, Year 20d. I While		ACE OF INJURY (Home, farr ctory, street, office bldg., etc	n. 20f. (City or town)	(Coun	nty) (Stote)
21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the decease 5-18-59 19 R.C. Dod son	and that death	(""		es and an the	t saw the deceased date stated above DATE SIGNED -28-59
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF 5-31-59	Rosebank		22d. LOCATION (City, lov Calvert		(State)
23. FUNERAL DI ECTOR	R'S SIGNATURE ALIC	LADDRESS/ Elbt.	L h /	'D BY REGISTRAR 24b. R	CALLAN S.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5514 CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Cecil	MARYLAND	2. USU 0. S	AL RESIDENCE (WA	-	d lived. If instituti b. COUNTY	on: Residence		mission)
b. CITY OR TOWN (If outside RURAL and give negrest to	de corporate limits, write	c. LENGTH OF STAY IN 16	c. C	ITY OR TOWN (If o	utside corpo	rote limits, write R	URAL and g	ive negrest	rown)
Elkt		1 Month	21	El	kton				
d. NAME OF HOSPITAL (IF OR INSTITUTION			11/	STREET ADDRESS				0	RESIDENCE N A FARM?
	nion Hospi	tal	20	8 Park C	Circle	9		YES	□ NO 🖾
3. NAME OF DECEASED (Type or print) AN	NA. First	Middle MAY M	ENGE	S	4. DATE OF DEATH	May	ith	Day 30	Year 19 59
Female	White wow		Jun			9. AGE (In years lost birthday) O yrs.		YEAR IF U	NDER 24 HRS.
10a. USUAL OCCUPATION (Gi during most of working life	ve kind of work done 10b	KIND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF WI	HAT COUNTRY
Retail	c, even in venicely	Sales		Delawar	e			U. S	. A.
13. FATHER'S NAME			14. M	OTHER'S MAIDEN N	IAME				
Willia	m R. Heave	llow		Daise	y Mo	oney			
15. WAS DECEASED EVER IN U	. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMA	NT		Add	ress		
no	2	22-01-8083	Will:	iam R. E	dman:	son E	lkton	Md.	
Conditions, if ony, w gove rise to immed cotse (a), stoting the un lying couse lost. PART II. OTHER SIGN CONTRIBUTING CA CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DUE TO	CONTRIBUTING TO DEATH BU	JT NOT REI	ATED TO THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART	1(o) 19. W. PE YES	RFORMED?
	USE OF DEATH	SCRIBE HOW INJURY OCCURR							
20c. TIME OF INJURY Mo Hour o. m. p. m.	While		PLACE OF I	NJURY (Home, form, et, office bldg., etc.	20f. (City	or town)	(0	ounty)	(State)
21. I certify that I alive an May 3 ACTUAL SIGNATURE PHYSICIAN'S S NAME (Type)	ph And	sed from April: 9, and that deat lug from adrews, Jr.,	28 , th accur M.D	233 ¹		the causes of reet, city or town, in	and an th	e date st	
	6/2/1959	22c. NAME OF CEMETERY	or crema	TORY	22d. LOCAT	ion (City, Iown, o	or county)		Stote) yland
23. FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS		24a, REC'0	D BY REGIST	RAR 24b. REGI			Judita
PIPPIN FUNER	AL HOME	oun Des Elkto	on.	Md DATE -11	IIN A	59 0	rihan S.		

ral directar, e filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the fir page 3 should be defined as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should he registrar prior to write, and in any event within 72 hapters after death.

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VS A15 (4) 15M 9/SS

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page	nay be retained by the spital ar attending physician.	FUNERAL DIRECTO After this certificate has been signed by the attending physician and campletely filled in by the	oage 3 should be detected for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauta be fitted wit	he registrar prior to burial cremation or removal, and in any event within 72 bours after death.
TAL	reta	MA	shou	tror
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VS A15 (4) 15M 9/58

		ND STATE DEPA				TIMORE, 1		05521
1. PLACE OF DEATH a. COUNTY Cecil		MARY	LAND	2. USUAL RESIDENCE	(Where decease	ed lived. If instituti b. COUNTY		ore admission)
B. CITY OR TOWN RURAL and give n Perry Po d. NAME OF HOSPI OR INSTITUTION	Int TAL (If not in haspital, give	51 days	IN 1b	Hyattes	ville,	orate limits, write R	RURAL and give no	e. IS RESIDENCE ON A FARM?
Veterans 3. NAME OF DECEASED (Type or print)	Administrat First BERT	ion Hospital Middle P.		3607 Lost MEYEN	4. DATE OF DEATE	Man		YES NO Pay Year
5. SEX Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DOWED DIVORCE 10b. KIND OF 8USINESS O	• 🗆	Oct. 4, 1	894 State or foreign	9. AGE (In years last birthday) 64 yrs.	IF UNDER 1 YEA Manths Days	R IF UNDER 24 HI Hours Min.
during most of wor Guard 13. FATHER'S NAME Paul Meyer	king life, even if retired)	Unknown		Omaha, 14. MOTHER'S MAID Pauline	Nebrask DEN NAME	8.	U.S.A	
15. WAS DECEASED EV (Yes, no, or unknown)	R IN U. S. ARMED FORCES (If yes, give wor or dates of service WW1	Unknown	Hos	pital Rec		Add	y Point	
1.0	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Ony, which mmediate DUE TO	per line for (a), (b), and (c). Broncho pneu Arterioscler	moni				00	TERVAL BETWEEN USET AND DEATH AND DEATH AND DEATH AND DEATH
Carcino	ma right lun	ons contributing to de. g, removal 4 Describe how injury o	-17-	59	/400		VEN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJUI	RY Manth, Day, Year	20d. INJURY OCCURRED While Not while at work at wark	20e. PLA	CE OF INJURY (Hame, pry, street, affice bldg.	farm, 20f. (Ci	ty or town)	(Caunty	r) (Sto
	L. GAREY	ceased fram March	death	occurred at 2:	ADDRESS (Ospital l Patho	the causes an Street, city or town,	nd an the dat state) Point,	DATE SIGN
REMOVAL Specify 23. FUNERAL DIRECTOR PENNINGTO	'S SIGNATURE	Arlingto Address Vre de Grace	n Na	tional 240.		Myer, V		• URE

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VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5515 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

1	1	5	5	9	2
1	,	U	U	4	4

	1. PLACE OF DEATH o. COUNTY CCC// MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Delaware b. COUNTY New Castle
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EIKTEN 24 hrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEWARK 46 x 3
6	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION UNION HOSPITAL	d. STREET ADDRESS 18 AUGUSTARD Chestnut ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) WIIIAM Middle	Powell 4. DATE Month Day Year OF DEATH 5- 2/ 1959
	S. SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 8-25-1881 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) MIIIWORKER FIBRE	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? DELAWARE V.S.A
1	13. FATHER'S NAME POWEIL	MARY Voshell
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no), or upknown	Richard arkew - 18 augusta Rd
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stoling the under- lying couse lost.	Hemorrhage 10 hrs
5		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work	ACE OF INJURY IHome, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
1	21. I certify that I attended the deceased from 5-2/alive an 6-2/	n accurred at 10:24M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED M.D. 325 E Main Steet 5-21-59 Dewark, Delaware
	220. BURIAL CREMATION, 126. DATE THEREOF 22c. NAME OF CEMETERY OF NEWARK M	ethodist Newark Dela.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / NEWAR	K Dela DATE MAY 25 '59 24b. REGISTRAR'S SIGNATURE CITIMA S. HUMA

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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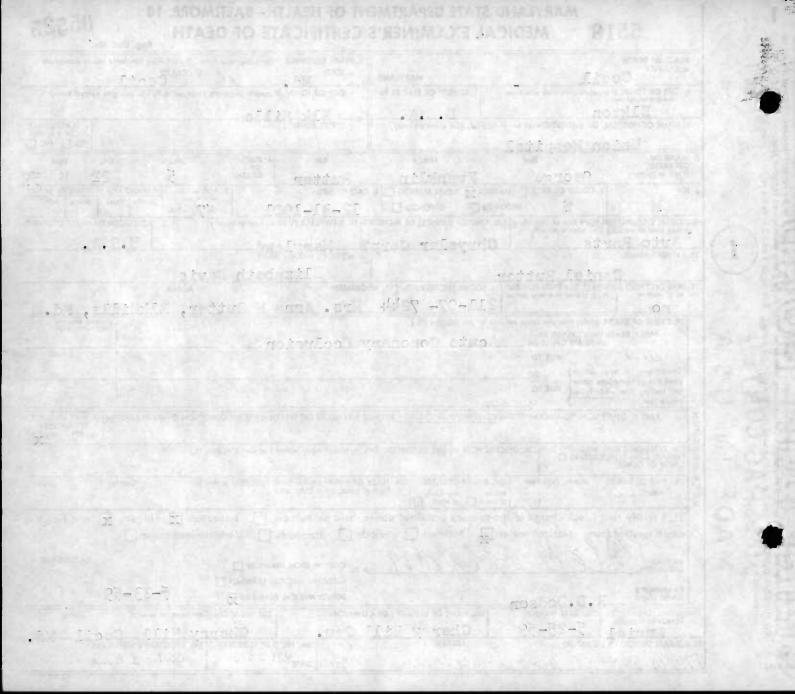
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05525 Reg. Dist. No.

	PLACE OF DEATH	ci]		MARYLA		2. USUAL RESIDEN	CE (Where d	eceased	lived. If institu		dence bef	ore adm	ission)
		outside corporate limits, write	RURAL C	LENGTH OF STAY IN	-	c. CITY OR TOW	N (If outside	corpore	ote limits, write	RURAL or	nd give no	earest to	wn)
-	Elkt d. NAME OF HOSPITA	ON AL OR INSTITUTION (IF	not in hospite	D.O.A.		d. STREET ADDRE	M111s						ESIDENCE A FARM?
_		on Hospit	al			R							NO
	NAME OF DECEASED (Type or print)	Fint		Middle		Last	4. DA	TE ATH	Mont	h	Day		ear eac
5. 1		George		ranklin NEVER MARRIED	7 0 0	Rutter	DE		AGE (In years	LEUNDE	20		9 50 ER 24 HRS.
	M	W	WIDOWED [DIVORCED		12-31-1			57 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work do	one 10b. KIND	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (stole or fore	ign coun	try)	12. CI1	TIZEN OF	WHAT	COUNTRY
	Auto Par		Chi	rysler Co		Mary Mary	land			U	S.A		
	D.	aniel Rut	tare			E74	zabet	h D	e e				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOC	CIAL SECURITY NO.	17. INFC	RMANT	<u> </u>	711 2	Address				
1.0	no	(If yes, give war or dates of se		1-07- 724	4	Mrs. An	na M	Rut	ter I	ClkM-	1776	. 1	ld.
	PART I. DEAT	iate cause		(o), (b), ond (q).]	ary	Ocelus	ion				INTER	VAL BETWI	EEN ATH
-	(a), sloting the u	nderlying DUE TO											
ATION	PART II, OTH	ER SIGNIFICANT CONDI	ITIONS CONTI	RIBUTING TO DEATH B	TON TU	RELATED TO THE T	ERMINALDIS	SEASE CO	ONDITION GIV	EN IN PAI		PERFO	AUTOPSY RMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS 20b.	DESCRIBE HO	OW INJURY OCCURRE	D. (Ente	r noture of injury in	Part I or Pa	art II of i	tem 1B.)	1			NO
MEDICAL	20c. TIME OF INJUR Hour o, m, p. m.	Y Month, Day, Year	20d. INJU While of work [Not while	PLACE factory,	OF INJURY (Home, street, office bldg.,	farm, 20f.	(City or	town)	(Co	ounty)		(Stote)
	The second secon	ot I took charge of from: Natural co		Accident [],	Suicid		ide [],	Unde	ection 📆,		ry [c] ,	and f	
	EXAMINER'S NAME (Type)	R.D.Dodse	n			ASSISTANT ME DEPUTY MEDIC		-		-23-	-59		
	REMOVAL (Specify) Buria	5-25-59		Cherry H	OR CR	Cem.	22d. L0	-	rrv Hi		Cec	(State) Ma
23. P	FUNERAL DIRECTORS	SIGNATURE ERAL HOME	E Done	ADDRESS &	LK	MA DATE	MAY 2 6	GISTRAP	24b. REGIS		GNATUR		1166

VS. A15ME(5) 5M 9/55



VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5519 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Cecil		MARY	LAND	2. USUAL RESIDENCE (W. o. STATE Md.	Vhere decease	d lived. If instituti b. COUNTY			dmission)
b. CITY OR TOWN (I RURAL ond give no Elkt		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo	prote limits, write f	RURAL ond g	ive negrest	town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol. g				d. STREET ADDRESS	th St	reet		C	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	LEWIS	st	Middle A		Seth	4. DATE OF DEATH	Mor	oth	Day 17	Yeor 1957
5. SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCED	-	Sent. 13.	1882	9. AGE (In years lost birthdoy) 76 yrs.			
10a. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF		try 11. birthplace (Stole Marylai	e or fareign o		12. CITI	S.A	HAT COUNTRY?
	ewis S eth				14. MOTHER'S MAIDEN	~				
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. H	Lena FORMANT	Carr	Add	ress		
(Yes, no. or unknown) No	(If yes, give wor or dates of s	ervice)	18-12-678	d W	Andrew Se	eth	Elkto			
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).	?e	MI ACE CO	enchie	Frank	٠	INTERVA	AND DEATH
Conditions, if o	nmediate	1	-C.V.	A			//		2	moz
lying couse lost.			Denle	le	s Ablalle	e Qu	lewal	en-		
PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	VEN IN PART	PE	AS AUTOPSY ERFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CURRE). (Enter noture of injury in	Port I or Par	t II of item 18.)			
Y 20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While	Not while of work	20e. PU foc	CE OF INJURY (Home, far tory, street, office bldg., et	m, 20f. (Cit)	or town)	(Ce	ounty)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	de l'attended the	. Kr		death	0. 1959, to occurred at 2.40	L.M. fran	the causes of treely city or town	and on the	ast saw to date s	the deceased tated above. DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) BUTTAT 23. FUNERAL DIRECTOR'	May 21,	1959	ADDRESS	Mai	or Memoria	D BY REGIST		or county) Ston. STRAR'S SIGI	Md.	(Stote)

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cute the certificate, y forwarded to the TO FUNERAL DIRECT or removal.

VS. A15ME(5) 5M 9/55

5520

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05527

1. PLACE OF DEATH o. COUNTY Cec:	il	1414	MARYL		SUAL RESIDENCE. STATEMENT		b. COU	ritution: Resi		fore admission)
b. CITY OR TOWN and give nearest to	(If outside corporate fimits, write twn)	RURAL	c. LENGTH OF STAY IN	111		N (If outside co	rporole limits, wr			earest tawn)
d. NAME OF HOSP	PITAL OR INSTITUTION (IF			1	. STREET ADDRE	SS	rth Mand	r		ON A FARM?
3. NAME OF DECEASED (Type or print)	First		Middle		Last	4. DATE OF DEATH		nth	Day	Year
5. SEX			AVIOS:	Simmo		DEATH	9. AGE (In years lost birthday)	IF UNDE Months	ER TYEAR	1959 IF UNDER 24 HRS
M	197	WIDOWED	lengt	- 1 4	2-1907		52 yr		00,	Mill.
100. USUAL OCCUPAT during most of work Bar Tende 13. FATHER'S NAME	TION (Give kind of work do king life, even if retired)	367	ND OF BUSINESS OR IN		Elkton.	Md.	country)		US.	F WHAT COUNTR
	W1 04									
	Wesley Simmo		OCIAL SECURITY NO. [17. INFOR	ry Eliz	apetn S				
(Yes, no, or unknown)	(If yes, give war or dates of se-	rvice)				137276	Addn			
yes.	W-W-2	27	16-011-1590	Mrs	Milfor	d A. Si	mmons: .	Elkto	n. Mo	1.
Conditions, If gove rise to imm (a), stoting the couse lost.	rediote cause	and n	nade exit le	eft si	de of h	ead.				
PART II. O	THER SIGNIFICANT CONDI	TIONS COM	TRIBUTING TO DEATH I	BUT NOT RI	LATED TO THE T	ERMINAL DISEA	SE CONDITION (GIVEN IN PA		P. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJ	ONTRIBUTING SI-	20d. IN While of work	HOW INJURY OCCURRED 25 JURY OCCURRED 200. Not while of work 2	Calik PLACE OF factory, sh	er Ento INJURY (Home, reet, office bldg.	form, 20f. (Cit, etc.)	evolveri		ounty)	t templie
21. I certify	that I took charge	of the re	mains described	above, l	neld an Aut	opsy [],	nspection S	, Inqu	iry 🖼	, and find the
death resulte	defrom: Natural co	Juses 🗆	, Accident [],	Suicide M.D	CHIEF MEDIC	cide [], U	Indetermined	cause []	DATE SIGNED
PVA MINERIA			3-1700		ASSISTANT ME	EDICAL EXAMIN	ER 🗌			
EXAMINER'S NAME (Type)	R.C. Dods	son			DEPUTY MEDIC	CAL EXAMINER	7	5-17	59	
REMOVAL (Specif	- 12/20/5	-9 2	2c. NAME OF CEMETERY	NC	EMETE	ERV	TION (City, town	G /Y	M	(State)
23. FUNÉRAL DIRECTO	FUNERAL.	Hotel	ADDRESS - Shugling	Buter	Md. DATE	REC'D BY REGIS		GISTRAR'S		RE

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VS A1S (4) 1SM 9/SB

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05528

CERTIFICATE OF DEATH 5536

		VUL								
a. COUNTY	H EECIL		MARYLAN	1D 2.	USUAL RESIDENCE (W	Vhere decease	d lived. If institution b. COUNTY	n: Residence	before adm	nissian)
b. CITY OR TOW RURAL and giv Perry F	/N (If autside carporate limi ve nearest tawn) Point		2mos.6 days	Ъ	c. CITY OR TOWN (IF	outside corpo		URAL and giv		own)
d. NAME OF HO	SPITAL (If nat in haspital, g	ive street	address)		d. STREET ADDRESS				e. IS F	RESIDENCE
Veterans	Administrat	ion H	ospital		300 Bourb	oon			YES	□ NO 🛣
3. NAME OF DECEASED (Type ar print)	ROLA		Middle A .	1	YS ON	4. DATE OF DEATH	May	29,	Day	Year 19 5 9
s. sex	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED [1-2-90		9. AGE (In years last birthday) yrs.		YEAR IF UN	NDER 24 HRS
during most of Carpent	ATION (Give kind of work working life, even if retired)	1	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State		auntry)	12. CITIZE	N OF WHA	T COUNTRY?
13. FATHER'S NAME				14	. MOTHER'S MAIDEN					
JAMES	TYSON					ETH HU	MPHREY		1	
1S. WAS DECEASED (Yes. no, or unknown)	OEVER IN U. S. ARMED FOR	ervice)	social security no.		RMANT tal Record	ls, VA	H., Perry		, Md.	
gave rise from the cause (a), statilying couse I. PART II. 200. ACCIDENT OR CONTRIBUT (IF EITHER, NO.)	OTHER SIGNIFICANT CON WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DITIONS CO.	almonary fil	rosi noma BUT NO Oros JRRED. (E	S of lung RELATED TO THE TERM is & emphy nter nature of injury in	MINAL DISEAS YSEMA n Part I ar Par	E CONDITION GIV	EN IN PART 1	(a) 19. WA PER YES	nown AS AUTOPSY PFORMED?
Haur a.	NJURY Manth, Day, Yea m. 19	While	NJURY OCCURRED 20e Nat while at wark		OF INJURY (Hame, far street, affice bldg., e		y ar tawn)	(Co	unty)	(State)
21. I certify	that attended the	deceas	ed from March	23,	1959 to 1	lay 29,	1959,	NGCCCGN	300415	S55555
ACTUAL SIGNATURE	B.S. (- tea	and that de		V.A. Hos	ADDRESS (S	treet, city ar tawn,	state)	D	ATE SIGNED
PHYSICIAN'S NAME (Type)	B. S. LI						ands, ands area. Also, some deer again some gifts sight only again area.			
REMOVAL (Spe	ATION, 22b. DATE THEREC	9	Arlington				TION (City, town, cott. Myer,			itate)
23. FUNERAL DIREC	TOR'S SIGNATURE		ADDRESS			C'D BY REGIS		STRAR'S SIGN		
TOTONIAL TRICAL	DOM P. COM Na	Trong T	leCmane Md.		DATE	JUN 9	'59 (Irihur S.	. Thousa	

ACCEPTAGE OF University to the price of the our lotter, it. man le territ - fair da fir vinspillo, a relica e inclusivada publica e manadala Sasguett eft de ontree kil a niver a kraeta fe de teache. I LAST THE LYBRIDGO (metrolet) The Late of the Late of the Control palace again 10 may 1 may 1 feet and 10 miles of 10 miles and 10 miles machine and antique of the property of the party of the p . Marty . W. State . C' the market county like a largest file.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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f. No.

5537	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dis
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institute of the state of	

1.	PLACE OF DEATH o. COUNTY	Cecil		MARYLA	IND	2. USUAL RESI				institution DUNTY	r Residence b	efore adr	nission)
		outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	16	c. CITY OR	TOWN (IF	outside cor	porote limits,	write RUI	RAL and give	negrest t	own) V
	Perry			2 mo. 10 (D.		gton		1.7	V 1		
			If not in hos	pital, give street address)	THY	d. STREET A		-0		- 40 /	A	la. IS	RESIDENCE
V	eterans A	lministrat				12	22 E.	Pea	rl Str	eet		10	NO I
3.	NAME OF DECEASED	Fir		Middle		Last		4. DATE		Month	Do	у	Year
L	(Type or print)		HARD	(NMI)		VANLI	EER	DEATH		May	1		19 59
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	3 8.	DATE OF BIRTH			9. AGE (In y		UNDER TYEA	-	DER 24 HRS.
	Male	Negro	WIDOWE	DIVORCED [Unknown	1		65?	yrs. Mg	onths Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLA	CE (Stote	or foreign	country)	-	12. CITIZEN	OF WHAT	COUNTRY?
	Labore			unknown		Penns					USA		
13	FATHER'S NAME					14. MOTHER'S A	V				ODA	-	
		Walter V	Innla	22				insor					
15	WAS DECEASED EVE				7 1041	FORMANT	, MOI	TUROI		1.1			
(Ye	s. no. or unknown)	(If yes, give war or dates of	service)				-			ddress	-		
H	Yes	WW I		unknown	Но	spital	Reco	ords,	VAH,	Perr	y Poi	at,	Md.
		H [Enter only one cau	se per line	for (a), (b), and (c).]							INT	ERVAL BETY	VEEN EATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bro	nchopneumor	nia	unresc	lved						
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7		FD SIGNIFICANT CON		NTRIBUTING TO DEATH 8	HIT NO	T DELATED TO 3	THE TERM	NAME OF THE PARTY		Chillian			
10 T	PARI II. OIII	ER SIGNIFICANT CON	DITIONS CO	NIKIBOTINO TO DEATH &	IOI NC	N KELAIED IO I	INE TERMI	NALDISEAS	E CONDITIO	A GIVEN	IN PAKI I(a)	PERF	ORMED?
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	CAUSE OF DEATH.		rell	down cella	IF 8	steps.							
MEDICAL	20c. TIME OF INJUR			NJURY OCCURRED 200.	PLACE	OF INJURY (H	ome, form	. 20f. (Cit)	or town)		(County)		(State)
A S	Hour XXXXX	2-19,	59 While	Not while		y, street, office (Home	biog., erc.,		rling	ton	New J	orge	w
				emains described			Autons						
], Accident 🛣,								g, and	Titio Indi
	dedili resulter	Your Maiorar	conses [j, Accident [X],	SUICI	de ∐, Ho	micide	□, ∪	nderermin	ed caus	se 📋.		
	ACTUAL /	100/1	In	claver	11							DATE	SIGNED
	SIGNATURE	Cert	70	and	1	M.D. CHIEF ME	DICAL EX	AMINER [OA IL	2101120
	EXAMINER'S					ASSISTAN	T MEDICA	AL EXAMINE	R				
	NAME (Type)	R. C	. DOD	SON		DEPUTY A	AEDICAL E	XAMINER-				5-1-	-50
220	BURIAL, CREMATION	V. 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR C	REMATORY		22d. LOCA	TION (City, N	own, or co	punty)	(Sto	fe)
1	TREMOVAL (Specify)	5/14	159	Beverly N	lat.	ional		Bev	erly	New	Jerse	-	
23.	FUNERAL DIRECTORS	SIGNATURE	0/	ADDRESS			24a, REC'I	BY REGIST			R'S SIGNATI	The state of the state of	
	1	6. 11	W1 Ho	vre de Grac	10		DATE M		59		hun & to		
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VS. A15ME(5) 5M 9/55

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1. FLACE OF PEATH 1. F	1		1	MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
A. COUNTY Cecil C. COU	\$ 5 E			5521 MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Reg. Dist. No. 15530	
Cecil MARILLO b. CHY OR TOWN	ose ose	1		a COUNTY		
BIRCHON (IF not in hospital) Analysis of the continue of th	5 4 3M			Cecil MARYLAND	Del. STATE Del. S. CONEW Castle	
d. NAME OF HOSPITAL OR INSTITUTION (If he In hospital, give street oddress) Tunion Hospital To Sunset Drive Time Tim	ory,		1	and give nearest lown)	. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	V
Union Hospital 107 Sunset Drive	P. P.		L			
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Dupont to Maryland U.S.A. Maryland U.S.A.	it oit		_		1009 ym.	
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James H. Vaughan Sarah Layman 15. WAS DECASED EVER IN U. S. ARMED FORCES? In S. SOCIAL SECURITY NO. 17. INFORMANT 16. WAS DECASED EVER IN U. S. ARMED FORCES? IN S. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. WAS DECASED EVER IN U. S. ARMED FORCES? IN S. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (e)], (b), and (c),	E . H & !		-			-
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18. CAUSE OF DEATH [Enier only one course per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY. MEDIATE CAUSE (o) DUE TO Conditions, if any, which of the course per line for (o), (b), and (c). DUE TO Conditions, if any, which of the course per line for (o), (b), and (c). PART II, DEATH WAS CAUSED BY. DUE TO Conditions, if any, which of the course per line for (o), (b), and (c). PART II, DEATH WAS CAUSED BY. DUE TO Conditions, if any, which of the course per line for (o), to be any of the course lost. PART II, DEATH WAS CAUSED BY. P				es, no, of unknown) 1 (If yes, nive war or dates of service)	116	el
PART I. DEATH WAS CAUSED BY: Maissive Coronary Thrombosis Due to	Giv Giv T. F		-	10 101e 140-09-07 Mames	s L. Vaughan, Jr. 10/ Sunst Drive	2=
Conditions, if ony, which gove rise to immediate couse (c), stoling the underlying couse lost. Conditions Fart Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1(a) 19. Was at 100 per considered to the terminal disease condition given in Part 1 or Part 1 o	tem 18. form PA sit permi			PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Massive Coronar:		
PERFORM YES 1	hauld be ex pencil in I alang with burial-tran			Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of twork of	ficate s ding' ir Office	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED?	
21. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry and find death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause ACTUAL SIGNATURE	his certi				ature of injury in Part I ar Part II of item 18.)	
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EXAMINER'S NAME (Type) R.C.Dodson DEPUTY MEDICAL EXAMINER 5 220. BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) PS. AISME(S) VS. AISME(S) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ASSISTANT MEDICAL EXAMINER 5 5-23-59 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				death resulted from: Natural causes , Accident , Suicide	, Hamicide , Undetermined cause .	
EXAMINER'S NAME (Type) R.C.Dodson DEPUTY MEDICAL EXAMINER 5 220. BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) PS. AISME(S) VS. AISME(S) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ASSISTANT MEDICAL EXAMINER 5 5-23-59 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	MEDIC rtifical to the DIREC					
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23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE VS. AISME(5) 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			220	REMOVAL (Specify)		
VS. A15MF(5)	5 . 5		1	Durial Phy 7 Bethel Cemetery		
5M 9/55 Joseph Stant With Past My Page 27 159 avilur & Kraus		De	23,	LEUNERAL DIRECTOR'S SIGNATURE Frant North Eas.	141-	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		5	530	CERTIF	CATE	OF DEATH	4		Reg. Dist.	No.
1.	PLACE OF DEATH o. COUNTY Ce	ci1		MARYLA	11 6	JSUAL RESIDENCE (WHO STATE Maryland	nere deceased	l lived. If institution b. COUNTY	ni Residence Ceo	
	RURAL ond give n	If outside corporate time earest town) orth Bast	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	h East		JRAL and give	nearest fown)
		TAL (If not in haspital, q	give street o			d. STREET ADDRESS	Main			e. IS RESIDENCE ON A FARM? YES NOT
3.	NAME OF DECEASED (Type or print)	Fi S1	anley	Middle Nartin	Wi	lost 11 iams Sr.	4. DATE OF DEATH	Mont May	h 15	Day Yeor
5.	sex male	6. COLOR OR RACE	7. MARR	NEVER MARRIED		TE OF BIRTH		9. AGE (In years lost birthdoy) 50 yrs.	IF UNDER 1 Y	EAR IF UNDER 24 HRS.
	Carpente	ON (Give kind of work king life, even if retired	/ /	KIND OF BUSINESS OF THE Chest	nut	11. BIRTHPLACE (Stote Marylat	or foreign co		12. CHIZE	N OF WHAT COUNTRY?
		C.Williams	caso la c				e Engl			
	no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFOR		illiam	Address North		lary1and
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		e for [o], (b), and (c).]	na	ry De	Mulu	XLOW		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if a gove rise to i couse (a), stating	mmediate ()	Coron	0,2	f Jalo	233	(g -		3 mouth
CERTIFICATION	lying couse tost. PART II. OT) (0	DITIONS	ONTRIBUTING TO DEATH	Fire				EN IN PART 1(PERFORMED?
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.		20d. IN While of work	Not while	e. PLACE C factory,	OF INJURY (Home, form, street, office bldg., etc.	, 20f. (City	or town)	(Cour	nty) (State)
	21. I certify it alive on	at I attended the	decease , 19			urred at 2051	M, from	14, 1959. I the causes at reet, city or town, so Out (nd an the	t saw the deceased date stated abave DATE SIGNED
22	o. BURIAL, CREMATIC REMOVAL (Specify) Burial	May 18		22c. NAME OF CEMETER HODEW		MATORY	_	ON (City, town, or	V	(Stote)
23	FUNERAL DIRECTOR TOSEDIT R	S SIGNATURE		ADDRESS Maryland			BY REGISTI	RAR 24b. REGIS	TRAR'S SIGNA	ATURE

TO FUNERAL DIRECT page 3 should be du VS A15 (4) 15M 9/55

After this certificate has been signed by the attending physician and campletely filled in by the fact that the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 sha

the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

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e hospital or attending physician

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